


Please Make Necessary Changes According to Funds Policies and Procedures


Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCKEN, PA 19428-3801			
Due Date: JANUARY 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2058695	
Building Name: ST JOHN'S UNIVERSITY		Address: RT ST. JOHN'S JAMAICA			
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing
		<input type="checkbox"/> 401k	<input type="checkbox"/> Training		
		<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training		

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	HERRERA	A	OT	F	Y				12	3			
	101-86-0643												
2	HEWITT	J	OT	F	Y				13	3			
	104-64-1938												
3	HIDROVO	L	OT	F	Y				13	3			
	123-48-5472												
4	HINKSON	A	OT	F	Y				13	3			
	106-52-0101												
5	IBARRA	M	OT	F	Y				13	3			
	111-74-6362												
6	INEANI	E	OT	F	Y				13	3			
	124-48-0329												
7	JACOBS	A	OT	F	Y				13	3			
	093-56-4635												
8	JOHNSON	D	OT	F	Y				13	3			
	053-44-5543												
9	KALARITIS	A	OT	F	Y				13	3			
	132-72-3056												
10	KNIPFING	A	OT	F	Y				13	3			
	051-72-0141												
11	KOMOSINSKI	J	OT	F	Y				13	3			
	089-62-9478												
12	KOSZER	S	OT	F	Y				13	3			
	102-50-5256												
TOTALS:													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
Prepared By: CLARE MCGEE							TOTAL DUE	
Title:								
Email: ASMITH@GCASERVICES.COM							Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	
Signature:								
Comments:								
Phone: (718) 990-1554								
Date:								

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

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Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:				GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCHOCKEN STATE WEST CONSHOCHOCK, PA 19428-3801					
Due Date: JANUARY 19, 2007				Account # 02819-05755-0003-0001-10				Receipt # 2058695	
Building Name: ST JOHNS UNIVERSITY				Address: RT ST. JOHNS JAMAICA					
Month End Date 12/31/2006 <input type="checkbox"/> Health <input type="checkbox"/> Pension <input type="checkbox"/> Legal <input type="checkbox"/> Profit Sharing <input type="checkbox"/> 401k <input type="checkbox"/> Training Quarter End Date 12/31/2006 <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Pension <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Profit Sharing <input checked="" type="checkbox"/> Training									

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	KRUKOWSKI	M	OT	F	Y				13	3			
	079-84-0804												
2	LAUCELLA	M	OT	F	Y				13	3			
	070-54-2027												
3	LENTZ	P	OT	F	Y				13	3			
	076-52-1362												
4	LIGGAYU	J	OT	F	Y				13	3			
	090-78-2407												
5	LOCICERO	A	OT	F	Y				13	3			
	100-52-3088												
6	LONDONO	J	OT	F	N					3			
	069-94-7121												
7	LOPEZ	A	OT	F	Y				13	3			
	059-70-0454												
8	LOPEZ	J	OT	F	N					3			
	126-80-4089												
9	LUNA	H	OT	F	Y				13	3			
	061-70-1991												
10	MARTINEZ	G	OT	F	Y				13	3			
	582-25-9318												
11	MATTELO	J	OT	F	Y				13	3			
	062-56-5501												
12	MEJIA	J	OT	F	N	HI	7/09/2006			3	1		
	105-68-8223												
TOTALS:													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
Prepared By: CLARE MCGEE Email: ASMITH@GCASERVICES.COM Signature: Comments:							Title: Phone: (718) 990-1554 Date: TOTAL DUE Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	

For questions regarding completion of this report, or remittance of contributions, please contact Employer Services at (212) 388-3354

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Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:		GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCKEN, PA 19428-3801					
Due Date: JANUARY 19, 2007		Account # 02819-05755-0003-0001-10		Receipt # 2058695			
Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA					
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date ***	Hours	Weeks	Months	Adv. Months	Wages	401k
1	MENDEZ	R	OT	F	Y				13	3			
	110-68-8613												
2	MONTEITH	J	OT	F	Y				13	3			
	131-42-7941												
3	MORTON	H	OT	F	Y				13	3			
	591-80-5714												
4	MOY	H	OT	F	Y	HI	11/10/2006				1		
	092-46-6893												
5	MULVANEITY	J	OT	F	Y				13	3			
	121-52-0963												
6	NAOURI	S	OT	F	N					3			
	146-08-3294												
7	NOGA	L	OT	F	Y				13	3			
	117-66-1841												
8	NOGUEROLS	E	OT	F	Y				13	3			
	072-54-1546												
9	O. BRIEN	G	OT	F	Y				13	3			
	122-54-5264												
10	OUK	K	OT	F	Y	HS	7/09/2006						
	124-64-4922												
11	PATRIZZO	J	OT	F	Y				13	3			
	100-20-2271												
12	PATRIZZO	M	OT	F	Y				13	3			
	092-66-1085												
TOTALS:													

FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total		Rate	Time Unit	Total			
Health	899.22	X		=	899.22	X		=		
Pension	49.75	X		=						
Legal	18.63	X		=	18.63	X		=		
Profit Sharing	13.00	X		=						
401k										
Training	12.13	X		=	12.13	X		=		

Prepared By: CLARE MCGEE		Title:		TOTAL DUE Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Email: ASMITH@GCASERVICES.COM		Phone: (718) 990-1554		
Signature:		Date:		
Comments:				

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Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:				GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOCKEN STATE WEST CONSHOCK, PA 19428-3801					
Due Date: JANUARY 19, 2007				Account # 02819-05755-0003-0001-10				Receipt # 2058695	
Building Name: ST JOHNS UNIVERSITY				Address: RT ST. JOHNS JAMAICA					
Month End Date 12/31/2006				<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006				<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training

LINE	Employee Last Name	Init	Job Class	Full Time/Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	PAVLICK	G	OT	F	Y				13	3			
	129-48-5122												
2	PBLAEZ	M	OT	F	Y				13	3			
	051-84-3163												
3	PENA	J	OT	F	Y				13	3			
	090-62-0385												
4	PERRIS	R	OT	F	Y				13	3			
	129-58-4512												
5	PERRIS	R	OT	F	Y				13	3			
	129-58-4572												
6	PINEIRO	A	OT	F	Y				13	3			
	109-90-3716												
7	POLICASTRI	J	OT	F	Y				13	3			
	066-58-2041												
8	PRADO	C	OT	F	Y				13	3			
	552-51-3602												
9	PUELLES	R	OT	F	Y				13	3			
	101-50-8370												
10	QUINN	E	OT	F	Y				13	3			
	054-34-1085												
11	REINOSO	R	OT	F	Y				13	3			
	113-42-0092												
12	RODRIGUEZ	M	OT	F	Y				13	3			
	079-70-4115												
TOTALS:													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		
Prepared By: CLARE MCGEE Email: ASMITHEGCASERVICES.COM Signature: Comments:							Title: Phone: (718) 990-1554 Date:	TOTAL DUE Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477

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Building Name: ST JOHNS UNIVERSITY		Address: RT ST. JOHNS JAMAICA					
Month End Date 12/31/2006		<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006		<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training


LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	ROSALLES	M	OT	F	Y				13	3			
	101-66-6335												
2	RUSSELL	N	OT	F	Y				13	3			
	076-34-5250												
3	SALAZAR	B	OT	F	Y				13	3			
	066-70-6148												
4	SAMUELS	O	OT	F	Y				13	3			
	053-76-0225												
5	SANGIOVANNI	R	OT	F	Y				13	3			
	064-88-8180												
6	SANGIOVANNI	R	OT	F	Y				13	3			
	064-88-8180												
7	SCARBOROUGH	R	OT	F	Y				13	3			
	051-40-5410												
8	SCHLECHTER	I	OT	F	Y				13	3			
	055-36-6863												
9	SHIH	B	OT	F	Y				13	3			
	555-71-6663												
10	SITRO	P	OT	F	Y				13	3			
	101-56-2766												
11	SOARES	A	OT	F	Y				13	3			
	057-70-8496												
12	SOLOMON	G	OT	F	N	HI	9/25/2006			1	3		
	089-62-8149												
TOTALS:													

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
Health	899.22	x	=	899.22	x	=		
Pension	49.75	x	=					
Legal	18.63	x	=	18.63	x	=		
Profit Sharing	13.00	x	=					
401k								
Training	12.13	x	=	12.13	x	=		

Prepared By: CLARE MCGEE		Title:		TOTAL DUE
Email: ASMITH@GCASERVICES.COM		Phone: (718) 990-1554		
Signature:		Date:		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Comments:				

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Building Name: ST JOHNS UNIVERSITY					Address: RT ST. JOHNS JAMAICA						
Month End Date 12/31/2006					<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training	
Quarter End Date 12/31/2006					<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training	

LINE	Employee Last Name	Init	Job Class	Full Time / Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date	Hours	Weeks	Months	Adv. Months	Wages	401k
1	SOTO	E	OT	F	N					3			
	127-70-3977												
2	SOTO	P	OT	F	Y				13	3			
	107-68-7260												
3	STEFANOPOULOS	G	OT	F	Y				13	3			
	127-50-4609												
4	STRAZZERA	G	OT	F	Y				13	3			
	089-48-0518												
5	STRUZZEIRI	N	OT	F	N					3			
	095-70-3850												
6	SUCROCKI	M	OT	F	Y				13	3			
	055-70-2438												
7	SULLIVAN	T	OT	F	Y				13	3			
	201-38-1708												
8	TATKOVIC	R	OT	F	Y				13	3			
	083-76-6284												
9	THOMAS	C	OT	F	Y				13	3			
	094-80-2396												
10	TIBO	A	OT	F	Y				13	3			
	102-78-9444												
11	TORTORELLI	M	OT	F	Y				13	3			
	109-68-1291												
12	TOT	S	OT	F	Y				13	3			
	118-60-9554												
TOTALS:													

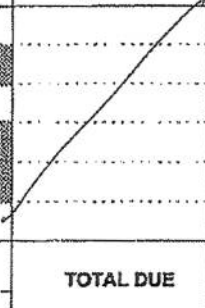
FUNDS	Current Due				Advance Requirement Payment				Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit		Total	Rate	Time Unit	Total			
Health	899.22	x			899.22	x				
Pension	49.75	x								
Legal	18.63	x			18.63	x				
Profit Sharing	13.00	x								
401k										
Training	12.13	x			12.13	x				
Prepared By: CLARE MCGEE Title:									TOTAL DUE	
Email: ASMITH@GCASERVICES.COM Signature:										
Phone: (718) 990-1554 Date:									Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477	
Comments:										

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Building Service 32BJ Benefit Funds REMITTANCE REPORT EIN:				GCA SERVICES GROUP INC C/O CLARE MCGEE 300 CONSHOHOCKEN STATE WEST CONSHOHOCK, PA 19428-3801					
Due Date: JANUARY 19, 2007				Account # 02819-05755-0003-0001-10				Receipt # 2058695	
Building Name: ST JOHN'S UNIVERSITY				Address: RT ST. JOHN'S JAMAICA					
Month End Date 12/31/2006				<input type="checkbox"/> Health	<input type="checkbox"/> Pension	<input type="checkbox"/> Legal	<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> 401k	<input type="checkbox"/> Training
Quarter End Date 12/31/2006				<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> Pension	<input checked="" type="checkbox"/> Legal	<input checked="" type="checkbox"/> Profit Sharing	<input checked="" type="checkbox"/> 401k	<input checked="" type="checkbox"/> Training

LINE	Employee Last Name	Init	Job Class	Full Time/Part Time	Experienced	Emp Status Change Reason	Employee Status Change Date **	Hours	Weeks	Months	Adv. Months	Wages	401k
1	TROCHE JR.	N	OT	F	N					3			
	122-54-5789												
2	UNIGARRO	J	OT	F	Y				13	3			
	089-72-8309												
3	VASQUEZ	M	OT	F	Y	HS	7/09/2006						
	056-58-9788												
4	VILLAMIL	F	OT	F	Y				13	3			
	044-44-4875												
5	VITALE	L	OT	F	Y				13	3			
	087-60-7010												
6	VREJOIU	G	OT	F	Y	TE	12/07/2006		11	3			
	091-66-2876												
7	WALSH	G	OT	F	Y				13	3			
	052-60-3700												
8	WILSON	S	OT	F	Y				13	3			
	058-60-6088												
9	ZAMBRANO	J	OT	F	Y				13	3			
	083-68-3759												
10	ZEPHIRIN	L	OT	F	Y				13	3			
	116-82-3369												
11	ZGALJARDIC	D	OT	F	Y				13	3			
	091-54-3762												
TOTALS:								1479	376	6			

FUNDS	Current Due			Advance Requirement Payment			Previous Amount Due (Owed)	Total Due per Fund
	Rate	Time Unit	Total	Rate	Time Unit	Total		
812-35 Health	899.22	x 376	= 303,081.15	899.22	x 6	=		
Pension	49.75	x 1446	= 72,933.50					
Legal	18.63	x 376	= 6,998.98	18.63	x 6	=		
Profit Sharing	13.00	x 1446	= 19,058.00					
401k								
Training	12.13	x 376	= 4524.49	12.13	x 6	=		

Prepared By: CLARE MCGEE		Title:		TOTAL DUE 406,546.13
Email: ASMITH@GCASERVICES.COM		Phone: (718) 990-1554		
Signature:		Date:		Make check payable and send payment to: Building Service 32BJ Benefit Funds P.O. Box 11477 New York, NY 10286-1477
Comments:				

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